

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-045123

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 463

FILED NOV 20 1963

1. PLACE OF DEATH a. COUNTY <u>St Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Farmincton-RURAL</u>		c. CITY OR TOWN <u>Courtois Township</u>	
Length of stay in 1b <u>18 hrs</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mineral Area Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Alonzo Harrison Sellers</u>			4. DATE OF DEATH Month Day Year <u>Nov. 9, 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/1880</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>74</u> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Davisville, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>George Sellers</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Mallow</u>	
14. NAME OF HUSBAND OR WIFE <u>Overa Sellers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Overa Sellers, Courtois, Mo.</u>	
17. INFORMANT <u>Overa Sellers, Courtois, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hypostatic Congestion of Lung</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u>	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral Hemorrhage</u>		56 hours	
		DUE TO (c) <u>Ruptured Aneurysm of Cerebral Artery</u>		4-5 hours	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE

21. I attended the deceased from November 8, 1963 to November 9, 1963 saw him alive on November 8, 1963  
Death occurred at 7:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. A. R. R. R.</u>	(Degree of 1918)	22b. ADDRESS <u>Flat River, Missouri</u>	22c. DATE SIGNED <u>11-11-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>11/11/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sellers Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Washington Co., Mo.</u>

24. FUNERAL DIRECTOR <u>Halbert Funeral Home, Steelville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 11, 1963</u>	26. REGISTRAR'S SIGNATURE <u>E. A. R. R. R.</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Ferrington, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.